

**TITLE 9. HEALTH SERVICES**  
**CHAPTER 6. DEPARTMENT OF HEALTH SERVICES**  
**COMMUNICABLE DISEASES AND INFESTATIONS**

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Table 2.4. Local Health Agency Reporting Requirements

**ARTICLE 1. GENERAL**

**R9-6-101. Definitions**

In this Chapter, unless otherwise specified:

1. “Active tuberculosis” means the same as in A.R.S. § 36-711.
2. “Administrator” means the individual who is the senior leader at a child care establishment, health care institution, correctional facility, school, pharmacy, or shelter.
3. “Agency” means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
4. “Agent” means an organism that may cause a disease, either directly or indirectly.
5. “AIDS” means Acquired Immunodeficiency Syndrome.
6. “Airborne precautions” means, in addition to use of standard precautions:
  - a. Either:
    - i. Placing an individual in a private room with negative air-pressure ventilation, at least six air exchanges per hour, and air either:
      - (1) Exhausted directly to the outside of the building containing the room, or
      - (2) Recirculated through a HEPA filtration system before being returned to the interior of the building containing the room; or
    - ii. If the building in which an individual is located does not have an unoccupied room meeting the specifications in subsection (6)(a)(i):
      - (1) Placing the individual in a private room, with the door to the room kept closed when not being used for entering or leaving the room, until the individual is transferred to a health care institution that has a room meeting the specifications in subsection (6)(a)(i) or to the individual’s residence, as medically appropriate; and
      - (2) Ensuring that the individual is wearing a mask covering the individual’s nose and mouth; and
  - b. Ensuring the use by other individuals, when entering the room in which the individual is located, of a device that is:
    - i. Designed to protect the wearer against inhalation of an atmosphere that may be harmful to the health of the wearer, and
    - ii. At least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator.

7. “Approved test for tuberculosis” means a Mantoux skin test or other test for tuberculosis recommended by the Centers for Disease Control and Prevention or the Tuberculosis Control Officer appointed under A.R.S. § 36-714.
8. “Arizona State Laboratory” means the part of the Department authorized by A.R.S. Title 36, Chapter 2, Article 2, and A.R.S. § 36-132(A)(11) that performs serological, microbiological, entomological, and chemical analyses.
9. “Average window period” means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.
10. “Barrier” means a mask, gown, glove, face shield, face mask, or other membrane or filter to prevent the transmission of infectious agents and protect an individual from exposure to body fluids.
11. “Body fluid” means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, lymph, or saliva.
12. “Carrier” means an infected individual without symptoms who can spread the infection to a susceptible individual.
13. “Case” means an individual:
  - a. With a communicable disease whose condition is documented:
    - i. By laboratory results that support the presence of the agent that causes the disease;
    - ii. By a health care provider’s diagnosis based on clinical observation; or
    - iii. By epidemiologic associations with the communicable disease, the agent that causes the disease, or toxic products of the agent
  - b. Who has experienced diarrhea, nausea, or vomiting as part of an outbreak;
  - ~~c. Who has died without apparent cause within 48 hours after experiencing a fever;~~
  - or
  - ~~d.~~ c. Who has experienced a vaccinia-related adverse event.
14. “Case definition” means the disease-specific criteria that must be met for an individual to be classified as a case.
15. “Chief medical officer” means the senior health care provider in a correctional facility or that individual’s designee who is also a health care provider.
16. “Child” means an individual younger than 18 years of age.
17. “Child care establishment” means:
  - a. A “child care facility,” as defined in A.R.S. § 36-881;

- b. A “child care group home,” as defined in A.R.S. § 36-897;
  - c. A child care home registered with the Arizona Department of Education under A.R.S. § 46-321; or
  - d. A child care home certified by the Arizona Department of Economic Security under A.R.S. Title 46, Chapter 7, Article 1.
18. “Clinical signs and symptoms” means evidence of disease or injury that can be observed by a health care provider or can be inferred by the health care provider from a patient’s description of subjective complaints.
19. “Cohort room” means a room housing only individuals infected with the same agent and no other agent.
20. “Communicable disease” means an illness caused by an agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.
21. “Communicable period” means the time during which an agent may be transmitted directly or indirectly:
- a. From an infected individual to another individual;
  - b. From an infected animal, arthropod, or vehicle to an individual; or
  - c. From an infected individual to an animal.
22. “Confirmatory test” means a laboratory analysis, such as a Western blot analysis, approved by the U.S. Food and Drug Administration to be used after a screening test to diagnose or monitor the progression of HIV infection.
23. “Contact” means an individual who has been exposed to an infectious agent in a manner that may have allowed transmission of the infectious agent to the individual during the communicable period.
24. “Correctional facility” means any place used for the confinement or control of an individual:
- a. Charged with or convicted of an offense,
  - b. Held for extradition, or
  - c. Pursuant to a court order for law enforcement purposes.
25. “Court-ordered subject” means a subject who is required by a court of competent jurisdiction to provide one or more specimens of blood or other body fluids for testing.
26. “Dentist” means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
27. “Department” means the Arizona Department of Health Services.
28. “Designated service area” means the same as in R9-18-101.

29. “Diagnosis” means an identification of a disease by an individual authorized by law to make the identification.
30. “Disease” means a condition or disorder that causes the human body to deviate from its normal or healthy state.
31. “Emerging or exotic disease” means:
  - a. A new disease resulting from change in an existing organism;
  - b. A known disease not usually found in the geographic area or population in which it is found;
  - c. A previously unrecognized disease appearing in an area undergoing ecologic transformation; or
  - d. A disease reemerging as a result of a situation such as antimicrobial resistance in a known infectious agent, a breakdown in public health measures, or deliberate release.
32. “Entity” has the same meaning as “person” in A.R.S. § 1-215.
33. “Epidemiologic investigation” means the application of scientific methods to ascertain a diagnosis; identify risk factors for a disease; determine the potential for spreading a disease; institute control measures; and complete forms and reports such as communicable disease, case investigation, and outbreak reports.
34. “Fever” means a temperature of ~~401°~~ 100.4° F or higher.
35. “Food establishment” has the same meaning as in the document incorporated by reference in A.A.C. R9-8-107.
36. “Food handler” means:
  - a. A paid or volunteer full-time or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or
  - b. An individual who prepares food for or serves food to a group of two or more individuals in a setting other than a food establishment.
37. “Foodborne” means that food serves as a mode of transmission of an infectious agent.
38. “Guardian” means an individual who is invested with the authority and charged with the duty of caring for an individual by a court of competent jurisdiction.
39. “HBsAg” means hepatitis B surface antigen.
40. “Health care institution” has the same meaning as in A.R.S. § 36-401.
41. “Health care provider” means the same as in A.R.S. § 36-661.
42. “Health education” means supplying to an individual or a group of individuals:

- a. Information about a communicable disease or options for treatment of a communicable disease, and
  - b. Guidance about methods to reduce the risk that the individual or group of individuals will become infected or infect other individuals.
43. “HIV” means Human Immunodeficiency Virus.
44. “HIV-related test” has the same meaning as in A.R.S. § 36-661.
45. “Infected” or “infection” means when an individual has an agent for a disease in a part of the individual’s body where the agent may cause a disease.
46. “Infectious active tuberculosis” means pulmonary or laryngeal active tuberculosis in an individual, which can be transmitted from the infected individual to another individual.
47. “Infectious agent” means an agent that can be transmitted to an individual.
48. “Infant” means a child younger than 12 months of age.
49. “Isolate” means:
- a. To separate an infected individual or animal from others to limit the transmission of infectious agents, or
  - b. A pure strain of an agent obtained from a specimen.
50. “Isolation” means separation, during the communicable period, of an infected individual or animal from others to limit the trans-mission of infectious agents.
51. “Laboratory report” means a document that:
- a. Is produced by a laboratory that conducts a test or tests on a subject’s specimen; and
  - b. Shows the outcome of each test, including personal identifying information about the subject.
52. “Local health agency” means a county health department, a public health services district, a tribal health unit, or a U.S. Public Health Service Indian Health Service Unit.
53. “Local health officer” means an individual who has daily control and supervision of a local health agency or the individual’s designee.
54. “Medical evaluation” means an assessment of an individual’s health by a physician, physician assistant, or registered nurse practitioner.
55. “Medical examiner” means an individual:
- a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-592, or
  - b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.

56. “Multi-drug resistant tuberculosis” means active tuberculosis that is caused by bacteria that are not susceptible to the antibiotics isoniazid and rifampin.
57. “Officer in charge” means the individual in the senior leadership position in a correctional facility or that individual’s designee.
58. “Outbreak” means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
59. “Parent” means a biological or adoptive mother or father.
60. “Petition” means a formal written application to a court requesting judicial action on a matter.
61. “Pharmacy” has the same meaning as in A.R.S. § 32-1901.
62. “Physician” means an individual licensed as a doctor of:
- Allopathic medicine under A.R.S. Title 32, Chapter 13;
  - Naturopathic medicine under A.R.S. Title 32, Chapter 14;
  - Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
  - Homeopathic medicine under A.R.S. Title 32, Chapter 29.
63. “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
64. “Pupil” means a student attending a school.
65. “Quarantine” means the restriction of activities of an individual or animal that has been exposed to a case or carrier of a communicable disease during the communicable period, to prevent transmission of the disease if infection occurs.
66. “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
67. “Respiratory disease” means a communicable disease, with acute onset, that affects mainly the bronchi or structures of lung tissue, makes breathing difficult, and results in a reduced amount of oxygen in the blood.
- ~~67-68.~~ “Risk factor” means an activity or circumstance that increases the chances that an individual will become infected with or develop a communicable disease.
- ~~68-69.~~ “School” means:
- An “accommodation school,” as defined in A.R.S. § 15-101;
  - A “charter school,” as defined in A.R.S. § 15-101;
  - A “private school,” as defined in A.R.S. § 15-101;
  - A “school,” as defined in A.R.S. § 15-101;
  - A college or university;
  - An institution that offers a “private vocational program,” as defined in A.R.S. § 32-3001; or

- g. An institution that grants a “degree,” as defined in A.R.S. § 32-3001, for completion of an educational program of study.
- ~~69.~~70. “Screening test” means a laboratory analysis approved by the U.S. Food and Drug Administration as an initial test to indicate the possibility that an individual is infected with a communicable disease.
- ~~70.~~71. “Sexual contact” means vaginal intercourse, anal intercourse, fellatio, ~~or cunnilingus,~~ or other deliberate interaction with another individual’s genital area for a non-medical or non-hygienic reason.
- ~~71.~~72. “Shelter” means:
- a. A facility or home that provides “shelter care,” as defined in A.R.S. § 8-201;
  - b. A “homeless shelter,” as defined in A.R.S. § 16-121; or
  - c. A “shelter for victims of domestic violence,” as defined in A.R.S. § 36-3001.
- ~~72.~~73. “Significant exposure” means the same as in A.R.S. § 32-3207.
- ~~73.~~74. “Standard precautions” means the use of barriers by an individual to prevent parenteral, mucous membrane, and nonintact skin exposure to body fluids and secretions other than sweat.
- ~~74.~~75. “Subject” means an individual whose blood or other body fluid has been tested or is to be tested.
- ~~75.~~76. “Submitting entity” means the same as in A.R.S. § 13-1415.
- ~~76.~~77. “Suspect case” means an individual whose medical history, signs, or symptoms indicate that the individual:
- a. May have or is developing a communicable disease;
  - b. May have experienced diarrhea, nausea, or vomiting as part of an outbreak;
  - ~~e. May have died without apparent cause within 48 hours after experiencing a fever;~~
  - or
  - ~~d.~~c. May have experienced a vaccinia-related adverse event.
- ~~77.~~78. “Syndrome” means a pattern of signs and symptoms characteristic of a disease.
- ~~78.~~79. “Test” means an analysis performed on blood or other body fluid to evaluate for the presence or absence of a disease.
- ~~79.~~80. “Test result” means information about the outcome of a laboratory analysis of a subject’s specimen and does not include personal identifying information about the subject.
- ~~80.~~81. “Treatment” means a procedure or method to cure, improve, or palliate an illness or a disease.
- ~~81.~~82. “Tuberculosis control officer” means the same as in A.R.S. § 36-711.



82. ~~“Unexplained death with a history of fever” means the demise of an individual who has had a fever within 48 hours before death and whose illness has not been diagnosed at the time of death.~~
83. “Vaccinia-related adverse event” means a reaction to the administration of a vaccine against smallpox that requires medical evaluation of the reaction.
84. “Victim” means an individual on whom another individual is alleged to have committed a sexual offense, as defined in A.R.S. § 13-1415.
85. “Viral hemorrhagic fever” means disease characterized by fever and hemorrhaging and caused by a virus.
86. “Waterborne” means that water serves as a mode of transmission of an infectious agent.
87. “Working day” means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

## ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

### R9-6-201. Definitions

In this Article, unless otherwise specified:

1. “Clinical laboratory” has the same meaning as in A.R.S. § 36-451.
2. “Drug” has the same meaning as in A.R.S. § 32-1901.
3. “Epidemiologic curve” means a graphic display of the number of cases over time.
4. “Normally sterile site” means an anatomic location, or tissue or body fluid from an anatomic location, in which microorganisms are not found in the absence of disease and includes:
  - a. The lower respiratory tract;
  - b. Blood;
  - c. Bone marrow;
  - d. Cerebrospinal fluid;
  - e. Pleural fluid;
  - f. Peritoneal fluid;
  - g. Synovial fluid;
  - h. Pericardial fluid;
  - i. Amniotic fluid;
  - j. Lymph;
  - k. A closed abscess; or
  - l. Another anatomic location other than the skin, mouth, eyes, upper respiratory tract, middle ear, urogenital tract, or gastrointestinal tract.
5. “Health care provider required to report” means a physician, physician assistant, registered nurse practitioner, or dentist who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 4 2.1 or detects an occurrence listed in Table 4 2.1.
6. “Pharmacist” has the same meaning as in A.R.S. § 32-1901.
7. “Point of contact” means an individual through whom the Department or a local health agency can obtain information upon request.
8. “Whole blood” means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

**R9-6-202. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility**

- A. A health care provider required to report shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 4 2.1 and as specified in subsection (C), ~~(D)~~, ~~or (E)~~ or (D).
- B. An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 4 2.1 is diagnosed, treated, or detected or an occurrence listed in Table 4 2.1 is detected shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 4 2.1 and as specified in subsection (C), ~~(D)~~, ~~or (E)~~ or (D).
- C. Except as described in ~~subsections (D) and (E)~~ subsection (D), for each case, suspect case, or occurrence for which a report on an individual is required by subsection (A) or (B) and Table 4 2.1, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:
  1. The following information about the case or suspect case:
    - a. Name;
    - b. Residential and mailing addresses;
    - c. County of residence;
    - d. ~~If Whether~~ the individual is living on a reservation and, if so, the name of the reservation;
    - e. Whether the individual is a member of a tribe and, if so, the name of the tribe;
    - ~~e.~~f. Telephone number or email address;
    - ~~f.~~g. Date of birth;
    - ~~g.~~h. Race and ethnicity;
    - ~~h.~~i. Gender;
    - ~~i.~~j. If known, whether the individual is pregnant;
    - ~~j.~~k. If known, whether the individual is alive or dead;
    - ~~k.~~l. If known, the individual's occupation;
    - ~~l.~~m. If the individual is attending or working in a school or child care establishment or working in a health care institution or food establishment, the name and address of the school, child care establishment, health care institution, or food establishment; and

- ~~m-n.~~ For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, and telephone number or email address of the child's parent or guardian, if known;
2. The following information about the disease:
- The name of the disease;
  - The date of onset of symptoms;
  - The date of diagnosis;
  - The date of specimen collection;
  - Each type of specimen collected;
  - Each type of laboratory test completed;
  - The date of the result of each laboratory test; and
  - A description of the laboratory test results, including quantitative values if available;
3. If reporting a case or suspect case of tuberculosis:
- The site of infection; ~~and~~
  - A description of the treatment prescribed, if any, including:
    - The name of each drug prescribed,
    - The dosage prescribed for each drug, and
    - The date of prescription for each drug; and
  - Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
4. If reporting a case or suspect case of chancroid, gonorrhea, ~~genital herpes infection~~, or ~~genital chlamydia~~ *Chlamydia trachomatis* infection:
- The gender of the individuals with whom the case or suspect case had sexual contact;
  - A description of the treatment prescribed, if any, including:
    - The name of each drug prescribed,
    - The dosage prescribed for each drug, and
    - The date of prescription for each drug;
  - The site of infection; and
  - Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
5. If reporting a case or suspect case of syphilis:
- The information required under subsection (C)(4); and

- b. Identification of:
      - i. The stage of the disease, or
      - ii. Whether the syphilis is congenital;
  - 6. If reporting a case of congenital syphilis in an infant, and in addition to the information required under subsection (C)(5) and A.R.S. § 36-694(A), the following information:
    - a. The name and date of birth of the infant's mother;
    - b. The residential address, mailing address, and telephone number or email address of the infant's mother;
    - c. The date and test results for the infant's mother of the prenatal syphilis test required in A.R.S. § 36-693; and
    - d. If the prenatal syphilis test of the infant's mother indicated that the infant's mother was infected with syphilis:
      - i. Whether the infant's mother received treatment for syphilis,
      - ii. The name and dosage of each drug prescribed to the infant's mother for treatment of syphilis and the date each drug was prescribed, and
      - iii. The name and phone number of the health care provider required to report who treated the infant's mother for syphilis;
  - 7. The name, address, and telephone number or email address of the individual making the report; and
  - 8. The name, ~~and~~ address, and telephone number or email address of the:
    - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (C)(7); or
    - b. Health care institution or correctional facility, if reporting under subsection (B).
- ~~D. For each unexplained death with a history of fever, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:~~
- ~~1. The following information about the deceased individual:~~
    - ~~a. Name;~~
    - ~~b. Residential address;~~
    - ~~c. Date of birth;~~
    - ~~d. Telephone number; and~~
    - ~~e. If known, medical history;~~
  - ~~2. A description of the clinical course of the illness that resulted in death;~~
  - ~~3. A list of the laboratory tests completed on the deceased individual and, if available, the laboratory test results, including quantitative values;~~

- ~~4. The suspected cause or causes of death;~~
- ~~5. If known, the status of the autopsy;~~
- ~~6. The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact;~~
- ~~7. The name, address, and telephone number of the individual making the report; and~~
- ~~8. The name and address of the:~~
  - ~~a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (D)(7); or~~
  - ~~b. Health care institution or correctional facility, if reporting under subsection (B).~~

~~E.D.~~ For each outbreak for which a report is required by subsection (A) or (B) and Table 4 2.1, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:

1. A description of the signs and symptoms;
2. If possible, a diagnosis and identification of suspected sources;
3. The number of known cases and suspect cases;
4. A description of the location and setting of the outbreak;
5. The name, address, and telephone number or email address of the individual making the report; and
6. The name, ~~and address,~~ and telephone number or email address of the:
  - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection ~~(E)(5)~~ (D)(5); or
  - b. Health care institution or correctional facility, if reporting under subsection (B).

~~F.E.~~ When an HIV-related test is ordered for an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV, the health care provider who orders the HIV-related test or the administrator of the health care institution in which the HIV-related test is ordered shall:

1. Report the results of the infant's HIV-related test to the Department, either personally or through a representative, within five working days after receiving the results of the HIV-related test;
2. Include the following information in the report specified in subsection ~~(F)(4)~~ (E)(1):
  - a. The name and date of birth of the infant;
  - b. The residential address, mailing address, and telephone number of the infant;
  - c. The name and date of birth of the infant's mother;
  - d. The date of the last medical evaluation of the infant;

- e. The types of HIV-related tests ordered for the infant;
  - f. The dates of the infant's HIV-related tests;
  - g. The results of the infant's HIV-related tests; and
  - h. The ordering health care provider's name, address, and telephone number; and
3. Include with the report specified in subsection ~~(F)(1)~~ (E)(1) a report for the infant's mother including the following information:
- a. The name and date of birth of the infant's mother;
  - b. The residential address, mailing address, and telephone number of the infant's mother;
  - c. The date of the last medical evaluation of the infant's mother;
  - d. The types of HIV-related tests ordered for the infant's mother;
  - e. The dates of the HIV-related tests for the infant's mother;
  - f. The results of the HIV-related tests for the infant's mother;
  - g. What HIV-related risk factors the infant's mother has;
  - h. Whether the infant's mother delivered the infant vaginally or by C-section;
  - i. Whether the infant's mother was receiving HIV-related drugs prior to the infant's birth to reduce the risk of perinatal transmission of HIV; and
  - j. The name, address, and telephone number of the health care provider who ordered the HIV-related tests for the infant's mother.
- G. ~~Except as provided in Table 1, a health care provider required to report or an administrator of a health care institution or correctional facility shall, either personally or through a representative, submit a report required under this Section:~~
- ~~1. By telephone;~~
  - ~~2. In a document sent by fax, delivery service, or mail; or~~
  - ~~3. Through an electronic reporting system authorized by the Department.~~

**Table 1. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Repealed**

☐*,O	Amebiasis	☐	Hantavirus infection	⊕	Rubella syndrome, congenital
☎	Anthrax	☎	Hemolytic uremic syndrome	☐*,O	Salmonellosis
☐	Aseptic meningitis: viral	☐*,O	Hepatitis A	○	Scabies
☐	Basidiobolomycosis	☐	Hepatitis B and D	☎	Severe acute respiratory syndrome
☎	Botulism	☐	Hepatitis C	☐*,O	Shigellosis
⊕	Brucellosis	☐*,O	Hepatitis E	☎	Smallpox
☐*,O	Campylobacteriosis	☐	Herpes genitalis	☐	Streptococcal Group A: Invasive disease
☐	Chagas disease (American trypanosomiasis)	☐	HIV infection and related disease	☐	Streptococcal Group B: Invasive disease in infants younger than 90 days of age
☐	Chancroid	⊕	Influenza-associated mortality in a child	☐	<i>Streptococcus pneumoniae</i> (pneumococcal invasive disease)
☐	<i>Chlamydia</i> infection, sexually transmitted	☐	Kawasaki syndrome	☐	Syphilis
⊕*	Cholera	☐	Legionellosis (Legionnaires' disease)	☐*,O	Taeniasis
☐	Coccidioidomycosis (valley fever)	☐	Leptospirosis	☐	Tetanus
☐	Colorado tick fever	☎	Listeriosis	☐	Toxic shock syndrome
○	Conjunctivitis: acute	☐	Lyme disease	☐	Trichinosis
☐	Creutzfeldt-Jakob disease	☐	Lymphocytic choriomeningitis	⊕	Tuberculosis, active disease
☐*,O	Cryptosporidiosis	☐	Malaria	⊕	Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)
☐	<i>Cyclospora</i> infection	☎	Measles (rubeola)	☎	Tularemia
☐	Cysticercosis	☎	Meningococcal invasive disease	☎	Typhoid fever
☐	Dengue	⊕	Mumps	⊕	Typhus fever
○	Diarrhea, nausea, or vomiting	☎	Pertussis (whooping cough)	☎	Unexplained death with a history of fever
☎	Diphtheria	☎	Plague	⊕	Vaccinia related adverse event
☐	Ehrlichiosis and Anaplasmosis	☎	Poliomyelitis		
☎	Emerging or exotic disease	☐	Psittacosis (ornithosis)	☎	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
⊕	Encephalitis, viral or parasitic	⊕	Q fever	☎	Vancomycin-resistant <i>Staphylococcus epidermidis</i>
☎	Enterohemorrhagic <i>Escherichia coli</i>	☎	Rabies in a human	☐	Varicella (chickenpox)
☎	Enterotoxigenic <i>Escherichia coli</i>	☐	Relapsing fever (borreliosis)	☐*,O	<i>Vibrio</i> infection
☐*,O	Giardiasis	☐	Reye syndrome	☎	Viral hemorrhagic fever
☐	Gonorrhea	☐	Rocky Mountain spotted fever	☐	West Nile virus infection
☐	<i>Haemophilus influenzae</i> : invasive disease	⊕*	Rubella (German measles)	☎	Yellow fever
☐	Hansen's disease (Leprosy)			☐*,O	Yersiniosis

**Key:**

- ☎ Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.
- \* If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.
- ⊕ Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.
- ☐ Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
- Submit a report within 24 hours after detecting an outbreak.



**Table 2.1. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility**

*,O	<u>Amebiasis</u>		<u>Gonorrhea</u>	*	<u>Rubella (German measles)</u>
	<u>Anaplasmosis</u>		<u>Haemophilus influenzae: invasive disease</u>		<u>Rubella syndrome, congenital</u>
	<u>Anthrax</u>		<u>Hansen's disease (Leprosy)</u>	*,O	<u>Salmonellosis</u>
	<u>Arboviral infection</u>		<u>Hantavirus infection</u>		<u>Scabies</u>
	<u>Babesiosis</u>		<u>Hemolytic uremic syndrome</u>	*,O	<u>Shigellosis</u>
	<u>Basidiobolomycosis</u>	*,O	<u>Hepatitis A</u>		<u>Smallpox</u>
	<u>Botulism</u>		<u>Hepatitis B and Hepatitis D</u>		<u>Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)</u>
	<u>Brucellosis</u>		<u>Hepatitis C</u>		<u>Streptococcal group A infection, invasive disease</u>
*,O	<u>Campylobacteriosis</u>	*,O	<u>Hepatitis E</u>		<u>Streptococcal group B infection in an infant younger than 90 days of age, invasive disease</u>
	<u>Chagas infection and related disease (American trypanosomiasis)</u>		<u>HIV infection and related disease</u>		<u>Streptococcus pneumoniae infection, (pneumococcal invasive disease)</u>
	<u>Chancroid</u>		<u>Influenza-associated mortality in a child</u>		<u>Syphilis</u>
	<u>Chikungunya</u>		<u>Legionellosis (Legionnaires' disease)</u>	*,O	<u>Taeniasis</u>
	<u>Chlamydia trachomatis infection</u>		<u>Leptospirosis</u>		<u>Tetanus</u>
*	<u>Cholera</u>		<u>Listeriosis</u>		<u>Toxic shock syndrome</u>
	<u>Coccidioidomycosis (Valley Fever)</u>		<u>Lyme disease</u>		<u>Trichinosis</u>
	<u>Colorado tick fever</u>		<u>Lymphocytic choriomeningitis</u>		<u>Tuberculosis, active disease</u>
	<u>Conjunctivitis, acute</u>		<u>Malaria</u>		<u>Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)</u>
	<u>Creutzfeldt-Jakob disease</u>		<u>Measles (rubeola)</u>		<u>Tularemia</u>
*,O	<u>Cryptosporidiosis</u>		<u>Melioidosis</u>		<u>Typhoid fever</u>
	<u>Cyclospora infection</u>		<u>Meningococcal invasive disease</u>		<u>Typhus fever</u>
	<u>Cysticercosis</u>		<u>Mumps</u>		<u>Vaccinia-related adverse event</u>
	<u>Dengue</u>		<u>Novel coronavirus infection (e.g., SARS or MERS)</u>		<u>Vancomycin-resistant or Vancomycin-intermediate Staphylococcus aureus</u>
	<u>Diarrhea, nausea, or vomiting</u>		<u>Pertussis (whooping cough)</u>		<u>Vancomycin-resistant Staphylococcus epidermidis</u>
	<u>Diphtheria</u>		<u>Plague</u>		<u>Varicella (chickenpox)</u>
	<u>Ehrlichiosis</u>		<u>Poliomyelitis (paralytic or non-paralytic)</u>	*,O	<u>Vibrio infection</u>
	<u>Emerging or exotic disease</u>		<u>Psittacosis (ornithosis)</u>		<u>Viral hemorrhagic fever</u>
	<u>Encephalitis, parasitic</u>		<u>Q fever</u>		<u>West Nile virus infection</u>
	<u>Encephalitis, viral</u>		<u>Rabies in a human</u>		<u>Yellow fever</u>
	<u>Escherichia coli, Shiga toxin-producing</u>		<u>Relapsing fever (borreliosis)</u>	*,O	<u>Yersiniosis (enteropathogenic Yersinia)</u>
*,O	<u>Giardiasis</u>		<u>Respiratory disease in a health care institution or correctional facility</u>		<u>Zika virus infection</u>
	<u>Glanders</u>				

**Key:**

Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.

\* Submit a report within 24 hours after a case or suspect case is diagnosed, treated, or detected, instead of reporting within the general reporting deadline, if the case or suspect case is a food handler or works in a child care establishment or a health care institution.

1 Submit a report within one working day if the case or suspect case is a pregnant woman.

Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.
















Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.

O Submit a report within 24 hours after detecting an outbreak.

**R9-6-203. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter**

- A. An administrator of a school, child care establishment, or shelter shall, either personally or through a representative, submit a report, in a Department-provided format, a case, suspect case, or outbreak listed in Table 2 to the local health agency within the time limitation ~~and as specified in Table 2 2.2 and as specified in subsection (B).~~
- B. ~~An~~ For each individual with a disease, infestation, or symptoms of a communicable disease or infestation listed in Table 2.2, or an outbreak of the communicable disease or infestation, an administrator of a school, child care establishment, or shelter shall submit a report ~~by telephone~~ that includes:
1. The name and address of the school, child care establishment, or shelter;
  2. The number of individuals with the disease, infestation, or symptoms;
  3. The date and time that the disease or infestation was detected or that the symptoms began;
  4. The number of rooms, grades, or classes affected and the name of each;
  5. The following information about each ~~affected individual~~ with the disease, infestation, or symptoms:
    - a. Name;
    - b. Date of birth or age;
    - c. If the individual is a child, name and contact information for the individual's parent or guardian;
    - e.d. Residential address and telephone number; and
    - d.e. Whether the individual is a staff member, a student, a child in care, or a resident;
  6. The number of individuals attending or residing at the school, child care establishment, or shelter; and
  7. The name, address, and telephone number or email address of the individual making the report.

**Table 2.2.2. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter**

	Campylobacteriosis		Mumps
O	Conjunctivitis, acute		Pertussis (whooping cough)
	Cryptosporidiosis		Rubella German measles)
O	Diarrhea, nausea, or vomiting		Salmonellosis
	<del>Enterohemorrhagic</del> <i>Escherichia coli</i> , <u>Shiga toxin-producing</u>	O	Scabies
	<i>Haemophilus influenzae</i> : invasive disease		Shigellosis
	Hepatitis A	O	Streptococcal <del>Group</del> <u>group</u> A infection
	Measles		Varicella (chickenpox)
	Meningococcal invasive disease		
	Submit a report within 24 hours after detecting a case or suspect case.		
	Submit a report within five working days after detecting a case or suspect case.		
O	Submit a report within 24 hours after detecting an outbreak.		

**R9-6-204. Clinical Laboratory Director Reporting Requirements**

- A. Except as specified in subsection (D), a director of a clinical laboratory that obtains a test result described in Table 3 2.3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 3 2.3 shall, either personally or through a representative, submit a report, in a Department-provided format, and, if applicable, an isolate or a specimen to the Department within the time limitation and as specified in Table 3 2.3 and subsection (B) or (C).
- B. For each specimen for which an immediate report is required by subsection (A) and Table 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
  2. The name and telephone number of the director of the clinical laboratory;
  3. The name and, if available, the address and telephone number or email address of the subject;
  4. The date of birth of the subject;
  5. The gender of the subject;
  6. The laboratory identification number;
  7. The specimen type;
  8. The date of collection of the specimen;
  9. The type of test ordered on the specimen; and
  10. The ordering health care provider's name, address, and telephone number or email address.
- ~~B.C.~~ Except as provided in Table 3 2.3 and as specified in subsection (D), for each test result for a subject for which a report is required by subsection (A) and Table 3 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
  2. The name and telephone number of the director of the clinical laboratory;
  3. The name and, if available, the address and telephone number or email address of the subject;
  4. The date of birth of the subject;
  5. The gender of the subject;
  6. The laboratory identification number;
  7. The specimen type;
  8. The date of collection of the specimen;
  9. The date of the result of the test;
  10. The type of test completed on the specimen;

11. The test result, including quantitative values and reference ranges, if ~~available~~ applicable;  
and
  12. The ordering health care provider's name, address, and telephone number or email  
address.
- C. ~~For each specimen for which an immediate report is required by subsection (A) and Table 3, a clinical laboratory director shall submit a report that includes:~~
- ~~1. The name and, if available, the address and telephone number of the subject;~~
  - ~~2. The date of birth of the subject;~~
  - ~~3. The gender of the subject;~~
  - ~~4. The laboratory identification number;~~
  - ~~5. The specimen type;~~
  - ~~6. The date of collection of the specimen;~~
  - ~~7. The type of test ordered on the specimen; and~~
  - ~~8. The ordering health care provider's name, address, and telephone number.~~
- D. When the Arizona State Laboratory obtains a test result from anonymous HIV testing sent to the Arizona State Laboratory as described in R9-6-1005, the director of the Arizona State Laboratory shall, either personally or through a representative:
1. Submit a report to the Department within five working days after obtaining a positive test result; and
  2. Include in the report the following information:
    - a. The laboratory identification number of the subject;
    - b. The date of birth, gender, race, and ethnicity of the subject;
    - c. The date the specimen was collected;
    - d. The type of tests completed on the specimen;
    - e. The test results, including quantitative values if available; and
    - f. The name, address, and telephone number of the person who submitted the specimen to the Arizona State Laboratory.
- E. ~~The Department shall supply the director of each clinical laboratory with forms that may be used by the clinical laboratory when making a report required under subsection (A) or (D) and Table 3.~~
- F. ~~A clinical laboratory director shall submit a report by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department. Except as provided in Table 3, each report shall contain the information required under subsection (B), (C), or (D).~~

Table 3. ~~Clinical Laboratory Director Reporting Requirements~~ **Repealed**

⊕	Arboviruses	☒,*	<i>Haemophilus influenzae</i> , other, isolated from a normally sterile site	☒	<i>Plasmodium</i> spp.
☒,*	<i>Bacillus anthracis</i>	☒	Hantavirus	☒	Respiratory syncytial virus
☒,*	<i>Bordetella pertussis</i>	☒ <sup>+</sup>	Hepatitis A virus (anti-HAV IgM serologies)	☒,*	Rubella virus and anti-rubella IgM serologies
⊕,*	<i>Brucella</i> spp.	☒ <sup>+</sup>	Hepatitis B virus (anti-Hepatitis B core IgM serologies, Hepatitis B surface or envelope antigen serologies, or detection of viral nucleic acid)	⊕,*	<i>Salmonella</i> spp.
⊕,*	<i>Burkholderia mallei</i> and <i>B. pseudomallei</i>	☒ <sup>+</sup>	Hepatitis C virus	☒	SARS-associated coronavirus
☒	<i>Campylobacter</i> spp.	☒ <sup>+</sup>	Hepatitis D virus	⊕,*	<i>Shigella</i> spp.
☒	CD4 <sup>+</sup> T lymphocyte count of fewer than 200 per microliter of whole blood or CD4 <sup>+</sup> T lymphocyte percentage of total lymphocytes of less than 14%	☒ <sup>+</sup> ,+	Hepatitis E virus (anti-HEV IgM serologies)	☒	<i>Streptococcus</i> Group A, isolated from a normally sterile site
☒	<i>Chlamydia trachomatis</i>	☒	HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	☒	<i>Streptococcus</i> Group B, isolated from a normally sterile site in an infant younger than 90 days of age
☒,☒	<i>Clostridium botulinum</i> toxin (botulism)	☒	HIV—any test result for an infant (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	☒,*	<i>Streptococcus pneumoniae</i> and its drug sensitivity pattern, isolated from a normally sterile site
☒	<i>Coccidioides</i> spp., by culture or serologies	☒	Influenza virus	☒	<i>Treponema pallidum</i> (syphilis)
⊕	<i>Coxiella burnetii</i>	☒,*	<i>Legionella</i> spp. (culture or DFA)	☒	<i>Trypanosoma cruzi</i> (Chagas disease)
☒	<i>Cryptosporidium</i> spp.	⊕,*	<i>Listeria</i> spp., isolated from a normally sterile site	☒,*	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
⊕	<i>Cyclospora</i> spp.	☒,+	Measles virus and anti-measles IgM serologies	⊕,*	Vancomycin-resistant <i>Staphylococcus epidermidis</i>
☒	Dengue virus	☒ <sup>2</sup>	Methicillin-resistant <i>Staphylococcus aureus</i> , isolated from a normally sterile site	⊕,*	Variola virus (smallpox)
☒,☒	Emerging or exotic disease agent	⊕,+	Mumps virus and anti-mumps IgM serologies	☒,☒	<i>Vibrio</i> spp.
☒	<i>Entamoeba histolytica</i>	☒,* <sup>2</sup>	<i>Mycobacterium tuberculosis</i> complex and its drug sensitivity pattern	⊕,*	Viral hemorrhagic fever agent
⊕	<i>Escherichia coli</i> O157:H7	☒	<i>Neisseria gonorrhoeae</i>	☒,☒	West Nile virus
⊕,*	<i>Escherichia coli</i> , Shiga toxin-producing	☒	<i>Neisseria meningitidis</i> , isolated from a normally sterile site	⊕,*	<i>Yersinia</i> spp. (other than <i>Y. pestis</i> )
☒,☒,*	<i>Francisella tularensis</i>	☒,*	Norovirus	☒,☒,*	<i>Yersinia pestis</i> (plague)
☒,*	<i>Haemophilus influenzae</i> , type b, isolated from a normally sterile site	☒			



**Key:**









- ☒ Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.
- ☒ Submit a report within 24 hours after obtaining a positive test result.
- ⊕ Submit a report within one working day after obtaining a positive test result.
- ☒ Submit a report within five working days after obtaining a positive test result or a test result specified in Table 3.
- \* Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
- + For each positive test result, submit a specimen to the Arizona State Laboratory within 24 hours after obtaining the positive test result.
- <sup>2</sup> When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel.
- <sup>2</sup> Submit a report only when an initial positive result is obtained for an individual.
- <sup>2</sup> Submit an isolate of the organism only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained > 12 months after the initial positive result is obtained for an individual.

**Table 2.3. Clinical Laboratory Director Reporting Requirements**

 <u>Anaplasma spp.</u>	 ①, ②, * <u>Francisella tularensis</u>	 <u>Plasmodium spp.</u>
①, * <sup>4</sup> <u>Arboviruses</u>	①, * <sup>4,5</sup> <u>Haemophilus influenzae</u> , from a normally sterile site	①, * <u>Rabies virus from a human</u>
 <u>Babesia spp.</u>	② <u>Hantavirus</u>	①, * <sup>4</sup> <u>Rabies virus from an animal</u>
 ②, * <u>Bacillus anthracis</u>	② <sup>1</sup> <u>Hepatitis A virus (anti-HAV-IgM serologies, detection of viral nucleic acid, or genetic sequencing)</u>	 <u>Respiratory syncytial virus</u>
①, * <sup>4</sup> <u>Bordetella pertussis</u>	 <sup>1</sup> <u>Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, detection of viral nucleic acid, or genetic sequencing)</u>	①, * <sup>4</sup> <u>Rickettsia spp. – any test result</u>
①, * <u>Brucella spp.</u>	 <sup>1</sup> <u>Hepatitis C virus</u>	①, * <sup>1</sup> <u>Rubella virus and anti-rubella-IgM serologies</u>
①, * <u>Burkholderia mallei and B. pseudomallei</u>	 <sup>1</sup> <u>Hepatitis D virus</u>	①, * <u>Salmonella spp.</u>
 , * <sup>4</sup> <u>Campylobacter spp.</u>	 <sup>1</sup> , * <sup>4</sup> <u>Hepatitis E virus</u>	①, * <sup>4</sup> <u>Shigella spp.</u>
 , * <sup>4</sup> <u>Carbapenem-resistant Enterobacteriaceae (CRE)</u>	 <u>HIV—any test result (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing), except from a negative screening test</u>	 <u>Streptococcus group A, from a normally sterile site</u>
 <u>CD4-T-lymphocyte count</u>	 <u>HIV—any test result for an infant (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing)</u>	 <u>Streptococcus group B, from a normally sterile site in an infant younger than 90 days of age</u>
①, * <sup>4</sup> <u>Chikungunya virus</u>	 , * <sup>4</sup> <u>Influenza virus</u>	 , * <sup>4</sup> <u>Streptococcus pneumoniae and its drug sensitivity pattern, from a normally sterile site</u>
 <u>Chlamydia trachomatis</u>	①, + <u>Legionella spp.</u>	 <u>Treponema pallidum (syphilis) or rapid plasma reagin</u>
 <u>Chlamydophila psittaci</u>	① <u>Leptospira spp.</u>	 <u>Trypanosoma cruzi (Chagas disease)</u>
 ② <u>Clostridium botulinum toxin (botulism)</u>	① <u>Lymphocytic choriomeningitis virus</u>	①, * <u>Vancomycin-resistant or Vancomycin-intermediate Staphylococcus aureus</u>
 <u>Coccidioides spp.</u>	①, * <u>Listeria spp., from a normally sterile site</u>	①, * <u>Vancomycin resistant Staphylococcus epidermidis</u>
① <u>Coxiella burnetii</u>	 ②, * <sup>1</sup> <u>Measles virus and anti-measles-IgM serologies</u>	 ②, * <sup>1</sup> <u>Variola virus (smallpox)</u>
① <u>Cryptosporidium spp.</u>	 <sup>2</sup> <u>Methicillin-resistant Staphylococcus aureus, from a normally sterile site</u>	①, * <u>Vibrio spp.</u>
① <u>Cyclospora spp.</u>	①, * <sup>1</sup> <u>Mumps virus and anti-mumps-IgM serologies</u>	 ②, * <sup>1</sup> <u>Viral hemorrhagic fever agent</u>
①, * <sup>4</sup> <u>Dengue virus</u>	①, * <sup>3</sup> <u>Mycobacterium tuberculosis complex and its drug sensitivity pattern</u>	 <u>West Nile virus</u>
 <u>Ehrlichia spp.</u>	 , * <sup>4</sup> <u>Neisseria gonorrhoeae and, if performed, the drug sensitivity pattern</u>	 ②, * <u>Yellow fever virus</u>
 ② <u>Emerging or exotic disease agent</u>	 ②, * <u>Neisseria meningitidis, from a normally sterile site</u>	①, * <u>Yersinia spp. (other than Y. pestis)</u>
 <u>Entamoeba histolytica</u>	① <u>Norovirus</u>	 ②, * <u>Yersinia pestis (plague)</u>
①, * <u>Escherichia coli, Shiga toxin-producing</u>	 <u>Novel coronavirus infection (e.g., SARS or MERS)</u>	①, * <u>Zika virus</u>

**Key:**

-  Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.
-  Submit a report within 24 hours after obtaining a positive test result.
- ① Submit a report within one working day after obtaining a positive test result.

-  Submit a report within five working days after obtaining a positive test result or a test result specified in Table 2.3.
-  Submit an isolate of the organism for each positive culture, if available, or a specimen for each positive test result to the Arizona State Laboratory within one working day.
-  Submit an isolate of the organism for each positive culture to the Arizona State Laboratory within one working day.
-  When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel.
-  Submit a report only when an initial positive result is obtained for an individual.
-  Submit an isolate or specimen of the organism, as applicable, only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained > 12 months after the initial positive result is obtained for an individual.
-  Submit an isolate or specimen, as applicable, only by request.
-  Submit an isolate of the organism, if available, or a specimen when a positive result is obtained for an individual < 5 years of age.

DRAFT



**R9-6-205. Reporting Requirements for a Pharmacist or an Administrator of a Pharmacy**

- A. A pharmacist who fills an individual's initial prescription for two or more of the drugs listed in subsection (B) or an administrator of a pharmacy in which an individual's initial prescription for two or more of the drugs listed in subsection (B) is filled shall, either personally or through a representative, submit a report, in a Department-provided format, that complies with subsection (C) to the Department within five working days after the prescription is filled.
- B. Any combination of two or more of the following drugs when initially prescribed for an individual triggers the reporting requirement of subsection (A):
1. Isoniazid,
  2. Streptomycin,
  3. Any rifamycin,
  4. Pyrazinamide, or
  5. Ethambutol.
- C. A pharmacist or an administrator of a pharmacy shall submit a report required under subsection (A) ~~by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department and shall include in the report~~ that includes:
1. The following information about the individual for whom the drugs are prescribed:
    - a. Name,
    - b. Address,
    - c. Telephone number, and
    - d. Date of birth; and
  2. The following information about the prescription:
    - a. The name of the drugs prescribed,
    - b. The date of prescription, and
    - c. The name and telephone number of the prescribing health care provider.

**R9-6-206. Local Health Agency Responsibilities Regarding Communicable Disease Reports**

- A. The Department shall ~~supply~~ notify each local health agency ~~with forms of the format~~ to be used by:
1. A health care provider required to report when making a ~~written~~ report required under R9-6-202(A) and Table ~~4~~ 2.1;
  2. An administrator of a health care institution or correctional facility when making a ~~written~~ report required under R9-6-202(B) and Table ~~4~~ 2.1; and

3. An administrator of a school, child care establishment, or shelter when making a ~~written~~ report required under R9-6-203(A) and Table 2 ~~2.2~~.
- B. A local health agency shall ~~distribute copies of the Department provided forms specified in subsection (A) as needed to~~ inform health care providers required to report and administrators of health care institutions, correctional facilities, schools, child care establishments, and shelters of the format to use when making a report, as specified in subsection (A).
- C. Except as specified in Table 4 2.4 and Article 3, a local health agency shall provide to the Department the information contained in each report of a case, suspect case, or occurrence received by the local health agency under R9-6-202 or R9-6-203, including any report of disease in a nonresident of the jurisdiction who is or has been diagnosed or treated in the jurisdiction, within five working days after receipt and shall specify:
  1. Which of the following best describes the individual identified in each report:
    - a. The individual meets the case definition for a case of the specific disease,
    - b. The individual is a suspect case,
    - c. The individual does not meet the case definition for a case or suspect case of the specific disease, or
    - d. The local health agency has not yet determined the status of the disease in the individual; and
  2. The status of the epidemiologic investigation for each report.
- D. Except as specified in Table 4 2.4 and Article 3, a local health agency shall submit to the Department a ~~written or electronic~~ report, in a ~~format specified by the Department~~ Department-provided format, of an epidemiologic investigation conducted by the local health agency:
  1. In response to a report of a case, suspect case, or occurrence:
    - a. Submitted under R9-6-202 or R9-6-203, or
    - b. About which the local health agency was notified by the Department;
  2. Within 30 calendar days after receiving the report submitted under R9-6-202 or R9-6-203 or notification by the Department;
  3. If an epidemiologic investigation is required for the reported disease under Article 3; and
  4. Including in the report of the epidemiologic investigation:
    - a. The information described in:
      - i. R9-6-202(C) for a report submitted under R9-6-202,
      - ii. R9-6-203(B) for a report submitted under R9-6-203, or
      - iii. R9-6-202(C) for a report about which the Department notified the local health agency;

- b. A description of all laboratory or other test results, performed in addition to the laboratory tests described in R9-6-202(C) and contributing to the diagnosis;
  - c. A description of the case's symptoms of the disease and other signs that may be observed that indicate that the individual may have the disease, if applicable;
  - d. A classification of the case according to the case definition;
  - e. A description of the condition or status of the case at the end of the epidemiologic investigation;
  - f. A description of the case's specific risk factors for acquiring the disease or other epidemiologic evidence of how the case acquired the infection that resulted in the disease;
  - g. A description of how the local health agency provided or arranged for the case to receive health education about the nature of the disease and how to prevent transmission or limit disease progression;
  - h. A description of the case's specific risk factors for transmitting the disease considered by the local health agency when conducting an assessment of contacts;
  - i. A description of the control measures used by the local health agency to reduce the spread of the disease; and
  - j. The date the report of the case, suspect case, or occurrence was submitted or the Department notified the local health agency.
- ~~E. For each reported case or suspect case of unexplained death with a history of fever, the local health agency for the jurisdiction in which the death occurred shall:~~
- ~~i. Within one working day after receiving a report of unexplained death with a history of fever, submit to the Department in a format specified by the Department:~~
    - ~~a. The following information about the deceased individual:~~
      - ~~i. Name;~~
      - ~~ii. Residential address;~~
      - ~~iii. Date of birth;~~
      - ~~iv. Race and ethnicity;~~
      - ~~v. County of residence;~~
      - ~~vi. If the individual was living on a reservation at the time of the individual's death, the name of the reservation;~~
      - ~~vii. Gender;~~

- viii. Whether the individual was pregnant and, if so, the result of the pregnancy; and
    - ix. Occupation;
  - b. The date of onset of symptoms;
  - c. The approximate date and time of death;
  - d. A description of the setting where the death occurred and of the circumstances leading up to the time of death;
  - e. The name, residential address, and telephone number of a family member of the deceased individual who may be contacted;
  - f. The name, address, and telephone number of the individual making the report to the local health agency; and
  - g. The name and address of the:
    - i. Health care provider required to report, if:
      - (1) The unexplained death with a history of fever was reported to the local health agency under R9-6-202(A), and
      - (2) The health care provider is different from the individual specified in subsection (E)(1)(f); or
    - ii. Health care institution or correctional facility, if the unexplained death with a history of fever was reported to the local health agency under R9-6-202(B); and
2. Within 30 calendar days after receiving the report of unexplained death with a history of fever, submit to the Department a written or electronic report of the epidemiologic investigation required under Article 3, in a format provided by the Department, including:
- a. The name and date of birth of the deceased individual;
  - b. The date of each specimen collection;
  - c. Identification of each type of specimen collected;
  - d. Identification of each type of laboratory test completed;
  - e. A description of the laboratory test results, including quantitative results if available;
  - f. If an autopsy was completed, the autopsy results;
  - g. A hypothesis or conclusion as to the cause of death; and
  - h. Specific recommendations for preventing future deaths, if applicable.

~~F.E.~~ ~~Except as specified in Table 4 and Article 3, for~~ For each instance when the local health agency receives a report or reports indicating an outbreak or possible outbreak, the local health agency shall:

1. Within ~~one working day~~ 24 hours after receiving the report or reports, provide to the Department, in a Department-provided format, the following information:
  - a. The location of the outbreak or possible outbreak;
  - b. If known, the number of cases and suspect cases;
  - c. The date that the outbreak was reported or the dates that cases suggestive of an outbreak were reported;
  - d. The setting of the outbreak or possible outbreak;
  - e. The name of the disease suspected or known to be the cause of the outbreak or possible outbreak; and
  - f. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or possible outbreak; and
2. Within 30 calendar days after receiving the last report or reports associated with the outbreak, submit to the Department a ~~written or electronic~~ report, in a Department-provided format, ~~specified by the Department~~, of the epidemiologic investigation conducted by the local health agency in response to the outbreak or possible outbreak, including:
  - a. A description of the outbreak location and setting;
  - b. The date that the local health agency was notified of the outbreak;
  - c. A description of how the local health agency verified the outbreak;
  - d. The number of individuals reported to be ill during the outbreak;
  - e. The number of individuals estimated to be at risk for illness as a result of the outbreak;
  - f. The specific case definition used;
  - g. A summary profile of the signs and symptoms;
  - h. An epidemiologic curve;
  - i. A copy of the laboratory evidence collected, including all laboratory test results, for all specimens submitted for testing to a laboratory other than the Arizona State Laboratory;
  - j. Hypotheses of how the outbreak occurred;
  - k. A description of the control measures used and the dates the control measures were implemented;

- l. The conclusions drawn based upon the results of the epidemiologic investigation;
- m. Recommendations for preventing future outbreaks; and
- n. The name, address, and telephone number of the individual making the report to the Department.

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Table 4. ~~Local Health Agency Reporting Requirements~~ Repealed

<del>III</del>	Amebiasis	<del>III</del>	Hantavirus infection	<del>III</del>	Rocky Mountain spotted fever
<del>☞, III, *</del>	Anthrax	<del>III</del>	Hemolytic uremic syndrome	<del>☞, III, S</del>	Rubella (German measles)
<del>Q-III</del>	Aseptic meningitis, viral	<del>III</del>	Hepatitis A	<del>☞, III, S</del>	Rubella syndrome, congenital
<del>☞</del>	Basidiobolomyces	<del>III</del>	Hepatitis B and Hepatitis D	<del>III</del>	Salmonellosis
<del>☞, III, S</del>	Botulism	<del>III</del>	Hepatitis C	<del>Q-☞</del>	Scabies
<del>III, *</del>	Brucellosis	<del>III</del>	Hepatitis E	<del>☞, III</del>	Severe acute respiratory syndrome
<del>III</del>	Campylobacteriosis	<del>None</del>	Herpes genitalis	<del>III</del>	Shigellosis
<del>III</del>	Chagas infection and related disease (American Trypanosomiasis)	<del>III</del>	Human Immunodeficiency Virus (HIV) infection and related disease	<del>☞, III</del>	Smallpox
<del>III</del>	Chancroid ( <i>Haemophilus ducreyi</i> )	<del>III</del>	Influenza-associated mortality in a child	<del>Q-III</del>	Streptococcal Group A infection
<del>5-day only</del>	Chlamydia infection, sexually transmitted	<del>☞</del>	Kawasaki syndrome	<del>III</del>	Streptococcal Group B infection in an infant younger than 90 days of age
<del>☞, III</del>	Cholera	<del>III</del>	Legionellosis (Legionnaires' disease)	<del>☞</del>	<i>Streptococcus pneumoniae</i> infection
<del>Q-III</del>	Coccidioidomycosis (Valley Fever)	<del>III</del>	Leptospirosis	<del>III, Q-III</del>	Syphilis
<del>III</del>	Colorado tick fever	<del>III, *</del>	Listeriosis	<del>III</del>	Taeniasis
<del>Q-☞</del>	Conjunctivitis: acute	<del>III</del>	Lyme disease	<del>III</del>	Tetanus
<del>☞</del>	Creutzfeldt-Jakob disease	<del>III</del>	Lymphocytic choriomeningitis	<del>III</del>	Toxic shock syndrome
<del>III</del>	Cryptosporidiosis	<del>III</del>	Malaria	<del>III</del>	Trichinosis
<del>III</del>	<i>Cyclospora</i> infection	<del>☞, III, S</del>	Measles (rubeola)	<del>III, *</del>	Tuberculosis
<del>☞</del>	Cysticercosis	<del>III, *</del>	Melioidosis	<del>☞, III, *</del>	Tularemia
<del>III</del>	Dengue	<del>☞, III, *</del>	Meningococcal invasive disease	<del>III</del>	Typhoid fever
<del>Q-III</del>	Diarrhea, nausea, or vomiting	<del>☞, III, S</del>	Mumps	<del>III</del>	Typhus fever
<del>☞, III</del>	Diphtheria	<del>Q-III</del>	Norovirus	<del>☞, III</del>	Unexplained death with a history of fever
<del>III</del>	Ehrlichiosis (Ehrlichiosis and Anaplasmosis)	<del>5-day only</del>	Pediculosis (lice infestation)	<del>III</del>	Vaccinia-related adverse event
<del>☞, III</del>	Emerging or exotic disease	<del>III</del>	Pertussis (whooping cough)	<del>☞, III, *</del>	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
<del>☞, III</del>	Encephalitis: viral or parasitic	<del>☞, III, *</del>	Plague	<del>☞, III, *</del>	Vancomycin-resistant <i>Staphylococcus epidermidis</i>
<del>III</del>	Enterohemorrhagic <i>Escherichia coli</i>	<del>☞, III, S</del>	Poliomyelitis	<del>☞</del>	Varicella (chickenpox)
<del>III</del>	Enterotoxigenic <i>Escherichia coli</i>	<del>III</del>	Psittacosis (ornithosis)	<del>III</del>	<i>Vibrio</i> infection
<del>Q-III</del>	Giardiasis	<del>☞, III</del>	Q Fever	<del>☞, III, S</del>	Viral hemorrhagic fever
<del>5-day only</del>	Gonorrhea	<del>☞, III</del>	Rabies in a human	<del>III</del>	West Nile virus-related syndromes
<del>III</del>	<i>Haemophilus influenzae</i> : invasive disease	<del>III</del>	Relapsing fever (borreliosis)	<del>☞, III</del>	Yellow fever
<del>☞</del>	Hansen's disease (Leprosy)	<del>☞</del>	Reye syndrome	<del>☞, III, *</del>	Yersiniosis (enteropathogenic <i>Yersinia</i> )

Unless otherwise specified, notify the Department within five working days after receiving a report under R9-6-202 or R9-6-203.

**Key:**

- ~~☞~~ Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.
- ~~☞~~ Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.
- ~~III~~ Submit an epidemiologic investigation report within 30 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.
- ~~☞~~ Submit an epidemiologic investigation report within 60 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.
- ~~\*~~ Ensure that an isolate from a case is submitted to the Arizona State Laboratory.
- ~~S~~ Ensure that specimens from a case, as specified by the Department, are submitted to the Arizona State Laboratory.
- ~~Q~~ Submit a report after conducting an epidemiological investigation of an outbreak.

**Table 2.4. Local Health Agency Reporting Requirements**

☒,→	<u>Amebiasis</u>	☒	<u>Gonorrhea</u>	①,→,*	<u>Rubella (German measles)</u>
☒,→	<u>Anaplasmosis</u>	①,→	<u><i>Haemophilus influenzae</i>: invasive disease</u>	☒,→,*	<u>Rubella syndrome, congenital</u>
☒,→,*	<u>Anthrax</u>	☒,→	<u>Hansen's disease (Leprosy)</u>	①,→	<u>Salmonellosis</u>
☒,→	<u>Arboviral infection</u>	①,→	<u>Hantavirus infection</u>	①,→	<u>Shigellosis</u>
☒,→	<u>Babesiosis</u>	①,→	<u>Hemolytic uremic syndrome</u>	☒,→,*	<u>Smallpox</u>
☒,→	<u>Basidiobolomycosis</u>	①,→	<u>Hepatitis A</u>	①,→	<u>Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)</u>
☒,→,*	<u>Botulism</u>	☒,→	<u>Hepatitis B and Hepatitis D</u>	☒	<u>Streptococcal group A infection, invasive disease</u>
☒,→,*	<u>Brucellosis</u>	☒,→	<u>Hepatitis E</u>	☒	<u>Streptococcal group B infection in an infant younger than 90 days of age, invasive disease</u>
☒,→	<u>Campylobacteriosis</u>	☒,→	<u>HIV infection and related disease</u>	☒	<u><i>Streptococcus pneumoniae</i> infection, (pneumococcal invasive disease)</u>
☒,→	<u>Chagas infection and related disease (American Trypanosomiasis)</u>	①,→	<u>Influenza-associated mortality in a child</u>	☒,→	<u>Syphilis</u>
☒,→	<u>Chancroid (<i>Haemophilus ducreyi</i>)</u>	①,→	<u>Legionellosis (Legionnaires' disease)</u>	☒,→	<u>Taeniasis</u>
☒,→	<u>Chikungunya</u>	①,→	<u>Leptospirosis</u>	☒,→	<u>Tetanus</u>
☒	<u><i>Chlamydia trachomatis</i> infection</u>	①,→,*	<u>Listeriosis</u>	☒,→	<u>Toxic shock syndrome</u>
①,→	<u>Cholera</u>	☒,→	<u>Lyme disease</u>	①,→	<u>Trichinosis</u>
☒	<u>Coccidioidomycosis (Valley Fever)</u>	①,→	<u>Lymphocytic choriomeningitis</u>	①,→,*	<u>Tuberculosis, active disease</u>
☒,→	<u>Colorado tick fever</u>	☒,→	<u>Malaria</u>	①,→	<u>Tuberculosis latent infection in a child five years of age or younger (positive screening test result)</u>
☒,→	<u>Creutzfeldt-Jakob disease</u>	☒,→,*	<u>Measles (rubeola)</u>	☒,→,*	<u>Tularemia</u>
☒,→	<u>Cryptosporidiosis</u>	①,→,*	<u>Melioidosis</u>	①,→	<u>Typhoid fever</u>
☒,→	<u><i>Cyclospora</i> infection</u>	☒,→,*	<u>Meningococcal invasive disease</u>	①,→	<u>Typhus fever</u>
☒,→	<u>Cysticercosis</u>	①,→,*	<u>Mumps</u>	①,→	<u>Vaccinia-related adverse event</u>
①,→	<u>Dengue</u>	☒,→	<u>Novel coronavirus (e.g., SARS or MERS)</u>	①,→,*	<u>Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i></u>
☒,→	<u>Diphtheria</u>	①,→	<u>Pertussis (whooping cough)</u>	①,→,*	<u>Vancomycin-resistant <i>Staphylococcus epidermidis</i></u>
☒,→	<u>Ehrlichiosis</u>	☒,→,*	<u>Plague</u>	☒,→ <sup>1</sup>	<u>Varicella (chickenpox)</u>
☒,→	<u>Emerging or exotic disease</u>	☒,→,*	<u>Poliomyelitis (paralytic or non-paralytic)</u>	①,→	<u><i>Vibrio</i> infection</u>
☒,→	<u>Encephalitis: parasitic</u>	☒,→	<u>Psittacosis (ornithosis)</u>	☒,→,*	<u>Viral hemorrhagic fever</u>
①,→	<u>Encephalitis: viral</u>	①,→	<u>Q Fever</u>	☒,→	<u>West Nile virus infection</u>
①,→	<u><i>Escherichia coli</i>-Shiga toxin-producing</u>	☒,→,*	<u>Rabies in a human</u>	☒,→,*	<u>Yellow fever</u>
☒,→	<u>Giardiasis</u>	①,→	<u>Relapsing fever (borreliosis)</u>	①,→,*	<u>Yersiniosis (enteropathogenic <i>Yersinia</i>)</u>
①,→,*	<u>Glanders</u>			①,→,*	<u>Zika virus infection</u>

**Kev:**

☒ Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.

① Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.

☒ Notify the Department within five working days after receiving a report under R9-6-202 or R9-6-203

→ Submit an epidemiologic investigation report within 30 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.

\* Ensure that an isolate of the organism for each positive culture, if available, or a specimen for each positive test result is submitted to the Arizona State Laboratory within one working day.

<sup>1</sup> Submit an epidemiologic investigation report only if a case or suspect case has died as a result of the communicable disease.